

A separate form must be  
used for each claimant.

## WASHINGTON COUNTY TRAVEL CLAIM

Employee \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_  
Destination \_\_\_\_\_ Business Purpose \_\_\_\_\_

### EXPENDITURES (Expenses of this trip to be paid directly to others :)

\* Registration Fees \$ \_\_\_\_\_ Paid To: \_\_\_\_\_  
\* Lodging \$ \_\_\_\_\_ Paid To: \_\_\_\_\_  
\* Air fare \$ \_\_\_\_\_ Paid To: \_\_\_\_\_

\* These items need full documentation, (i.e., a completed registration form, ticket, invoice, agenda, etc.)

### PERSONAL AUTO MILES TRAVELED

Motor Pool Vehicle was Available: Yes ☐ No ☐ Date asked: \_\_\_\_\_ Supervisor Initials: \_\_\_\_\_

<u>DEPARTED FROM</u>	<u>DESTINATION</u>	<u>MILES</u>

Personal Auto Total Miles Traveled:

Motor Pool **AVAILABLE** (\$0.2875 per mile reimbursement): \$ \_\_\_\_\_

Motor Pool **NOT AVAILABLE** (\$0.575 per mile reimbursement): \$ \_\_\_\_\_

OR Fuel Receipts: : \$ \_\_\_\_\_

TOTAL MILEAGE OR FUEL RECEIPT REIMBURSEMENT AMOUNT \$ \_\_\_\_\_

### MEALS AND LODGING

<u>DATE</u>	<u>TIME DEPARTED</u>	<u>TIME RETURNED</u>	<u>RATE</u>	<u>QTY</u>	<u>AMOUNT</u>
			BREAKFASTS \$ 8.00		\$ _____
			LUNCHESES \$ 10.00		\$ _____
			DINNERS \$ 16.00		\$ _____
			LODGING \$ _____		\$ _____
			INCIDENTALS \$ _____		\$ _____

(Attach Detail List of Incidental Expenses)

TOTAL MEALS, INCIDENTALS, & LODGING REIMBURSEMENT \$ \_\_\_\_\_

TOTAL TRAVEL CLAIM REIMBURSEMENT \$ \_\_\_\_\_

### REGULAR PER DIEM ALLOWANCE

IRS Code 9864- Sec 163

<u>Meal</u>	<u>Leave at or Before:</u>	<u>Return at or After:</u>	<u>Regular Allowance:</u>
Breakfast	7:00 am	9:00 am	\$ 8.00
Lunch	11:00 am	2:00 pm	\$10.00
Dinner	5:30 pm	8:00 pm	\$16.00

#### Lodging:

Lodging without receipts: \$40.00

Lodging with receipts to: \$99.00\*\*

UT Lodging Sales Tax Account is 10-4960-809000

\*\*See travel guidelines for reimbursement over \$99/night.

I certify that the amounts claimed are accurate and per County policy.

OUT OF STATE PER DIEM RATES: <http://www.gsa.gov/>

Account #

Name: \_\_\_\_\_

Signature

Address: \_\_\_\_\_

Department Head or Commission Designee Approval